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PAGE 02

PART B - FEE(S) TRANSMITTAL

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03/05/2004

ASHOK KUMAR SHUKLA
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/003,422	12/06/2001	Ashok Kumar Shukla		5421

TITLE OF INVENTION: MAGNETIC PIPETTE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	06/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
RAEVIS, ROBERT R	2856	073-864010

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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6/3/04

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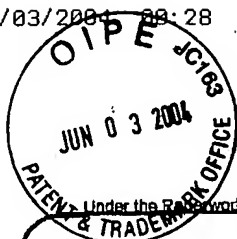
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PTO/SB/21 (03-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/003,422	
	Filing Date	12/06/2001	
	First Named Inventor	ASHOK K SHUKLA	
	Art Unit	2856	
	Examiner Name	RAEVIS, ROBERT R	
Total Number of Pages In This Submission	3	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <i>Credit Card (2038)</i> <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	ASHOK K SHUKLA	
Signature	<i>[Signature]</i>	
Date	6/3/04	

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Signature	<i>[Signature]</i>	Date	6/3/04

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